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FAX**INTELLECTUAL PROPERTY LAW**

| | | | |
|--------|--------------------------------|---------|--|
| To: | U.S. Patent & Trademark Office | From: | Molly L. Sauter |
| Attn: | Paul M. Gurzo - Art Unit 2881 | Client: | 1372.87.PRC1 |
| Fax: | (703) 872-9318 | Pages: | 23 including coversheet |
| Phone: | (703) 306-0532 | Date: | May 15, 2003 |
| Re: | USSN 09/971,119 | CC: | University of South Florida (Assignee) |

Urgent For Review Please Comment Please Reply Please Recycle

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MAY 15 2003

TECHNOLOGY CENTER 2800

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Practitioner's Docket No.: 1372.87.PRC1

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: David P. Fries et al.)
Serial No.: 09/971,119) Art Unit: 2881
Filed: 10/04/2001) Examiner: Gurzo, Paul M.
For: Portable Underwater Mass Spectrometer)

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)

Faxed to Technology Center 2800 at (703) 872-9318
Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment A is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 2881, Attn.: Paul M. Gurzo, (703) 872-9318 on May 15, 2003.

Dated: May 15, 2003



Deborah Preza

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(Amendment Transmittal - page 1)
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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) SMALL ENTITY | | |
|--|---------------------------------------|------------------|------|-----------------------|---------------------|-----|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | | |
| Total | 44 | Minus | 47 | = 0 | x \$9 = | \$0 |
| Indep. | 5 | Minus | 5 | = 0 | x \$42 = | \$0 |
| First Presentation of Multiple Dependent Claim | | | | | + \$140 = | \$0 |
| | | | | | Total Addit. Fee | \$0 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
If any additional fee for claims is required, charge Deposit Account No. 500745.

Molly Sauter
SIGNATURE OF PRACTITIONER

Reg. No. 46,457
Tel. No.: (727) 507-8558

Molly L. Sauter
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